

**Commonwealth of Kentucky**  
**Department of Insurance - Agent Licensing Division**  
**P. O. Box 517 - Frankfort, Ky. 40602**  
**502-564-6004**  
<http://insurance.ky.gov>

**FINANCIAL RESPONSIBILITY ERRORS & OMISSIONS**  
**(Form 99-1)**

This form is available only to KY-admitted insurers. If you are an authorized insurer please send your written request for this form to:

[DOI.AgentLicensingMail@ky.gov](mailto:DOI.AgentLicensingMail@ky.gov)

The Errors & Omissions policy may be used to satisfy financial responsibility requirements for licensees, as required by KRS 304.9-105(f), 304.9-330(1), 304.10-140(1), and 304.15-700. This certificate ensures that the insurer has and will keep in effect on behalf of the licensee a policy of insurance for the statutorily required amount covering the legal liability of the licensee as the result of erroneous acts or failure to act in his or her capacity as a licensee, and ensuring to the benefit of any aggrieved party, and that the policy shall not be terminated unless at least thirty (30) days prior written notice will have been given to the Commissioner. Notice to the Commissioner shall be deemed to have been given on the date the Department receives completed Form 99-5.

Insurers must submit Form 99-1 through a secure eServices account, and may use this access to verify E&O policies reported for each licensee.